SERVICE PLAN

Resident Name:____

Room/Apartment:____

Move-In Date:________________ Date of First Service Plan:_____________________

Responsible person, if not resident:____

Documentation of Power of Attorney, if applicable: Yes:______No:______

In case of an emergency contact:____

ALLERGIES:____

ADVANCE DIRECTIVES IN EFFECT? Yes__________No:__________

If in effect, where are these located? How are the staff to implement them?

____

____

Resident's practitioner:____________________________phone number:____________

Address:____

Resident's practitioner:____________________________phone number:____________

Address:____

BACKGROUND INFORMATION: (General condition, age, gender, healthcare history, and medical diagnosis if appropriate to services.)

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(Add additional pages as needed)

Adapted with permission from ALFA Assisted Living Training System, 1999
10206 Oakton Station Court, Oakton, Virginia 22124
1-800-258-7030

Created: 2/27/03 rmb
ed: 3/2/03

Based upon 12/27/02 Rules

Day/Time	Resident Needs	Resident Preferences and Routine	Staff Approaches	Expected Outcome

(Add additional pages as needed)

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This Individualized Service plan was created/reviewed (circle appropriate term)

and approved for: ____
(Name of Resident)
by:

SIGNATURES: (service plan is not official until signed by all parties involved in Service Plan implementation)

Resident:____Date:______________________

Family/Responsible Party:_____________________________________ Date:______________________
(when applicable)

Family/Responsible Party:_____________________________________ Date:______________________
(when applicable)

Director of Resident Services:___________________________________Date:_____________________

Administrator:____ Date:____________________

Caregiver:____Date:_____________________

Caregiver:____Date:_____________________

Caregiver:____Date:_____________________

Caregiver:____Date:_____________________

Caregiver:____Date:_____________________

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(Add additional pages as needed)

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(Name of Resident)

(Continued, if needed)

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(Add additional pages as needed)